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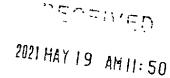
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# FLORIDA DEPARTMENT OF STATELLAHASSEE. FLL.... Division of Corporations

May 14, 2021

**CORP ACCESS** 

SUBJECT: INSURANCE PROS, LLC

Ref. Number: W21000066652

We have received your document for INSURANCE PROS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

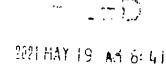
The document number of the name conflict is P20000043243.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon Regulatory Specialist II Supervisor

Letter Number: 321A00010152



### ARTICLES OF ORGANIZATION SUCTION STATE OF NAPLES INSURANCE PROS, LLC TATE OF L. FL.

The undersigned, as the Manager of this limited liability company pursuant to Chapter 605 of the Florida Statutes, hereby forms a limited liability company under the laws of the State of Florida and adopts the following Articles of Organization for said limited liability company:

#### ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

The name of this limited liability company shall be Naples Insurance Pros, LLC.

#### ARTICLE II - PERIOD OF DURATION

The period of duration of this limited liability company shall commence on the date of filing of these Articles, and shall continue until dissolved pursuant to Chapter 605 of the Florida Statutes.

#### ARTICLE III - MAILING ADDRESS AND PRINCIPAL OFFICE

The mailing address of this limited liability company shall be 2425 Tamiami Trail N., Ste. 211, Naples, Florida 34103. The street address of the principal office of this limited liability company shall be 2425 Tamiami Trail N., Stc. 211, Naples, Florida 34103.

#### ARTICLE IV - INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The initial street address of the registered office of this limited liability company in the State of Florida shall be 6449 Autumn Woods Blvd., Naples, Florida 34109. The Members may from time to time move the registered office to any other address in Florida. The name of the initial registered agent of this limited liability company at that address is Joshua White. The Members may from time to time designate a new registered agent.

#### ARTICLE V - MANAGEMENT

This limited liability company shall be managed by one or more Managers in accordance with the Operating Agreement of this limited liability company.

#### ARTICLE VI - NEW MEMBERS

Additional persons may be admitted to this limited liability company as Members only with the prior written consent of all of the existing Members, or as otherwise permitted in accordance with the Operating Agreement for this limited liability company.

#### ARTICLE VII - MANAGER

The name and address of the Manager of the limited liability company signing these Articles of Organization are:

<u>Name</u> <u>Address</u>

Joshua White, MGR 2425 Tamiami Trail N., Stc. 211 Naples, Florida 34103 IN WITNESS WHEREOF, the undersigned Manager has made and subscribed these Articles of Organization at Naples, Florida, effective as of the \_\_/8\_\_ day of May, 2021.

Joshua White, MGR

#### ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided in Chapter 605 of the Florida Statutes.

Dated as of  $\frac{5 - 18}{2}$ , 2021

Joshua White

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